

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 03/11/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/13/2007						
		FINANCIAL PAYER: NCTM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	207	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	126	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	2	480	647	167
		79	54	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404904	WESTERN HIGHLAN DS LME	8505	369	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8565	1	SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR.	0	370	404	34
3404910	PATHWAYS	8599	378	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	63	DUPLICATE OF CLAIM-SYSTEM	76	782	5024	4139
		8534	57	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	20	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	47	2786	2739
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	8505	3315	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	532	CLIENT NOT ELIGIBLE ON SERVICE DATE	7	5113	6063	950
		670	356	OTHER DIAGNOSIS CODE 4 IS INVA LID				
3404916	CROSSROADS REHA VIOAL HEAL	191	14	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		79	13	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	51	1246	1195
		5404	4	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404917	CENTERPOINT HUM AN SERVICES	8505	752	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	207	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1165	4604	3439
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	7	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	75	1710	1635
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	8505	537	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	75	DUPLICATE OF CLAIM-SYSTEM	0	736	1434	698
		79	38	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	8505	335	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	160	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	830	2652	1822
		143	58	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENT ER	21	2402	DUPLICATE OF CLAIM-SYSTEM				
		8505	731	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	46	3382	5872	2490
		8800	99	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	3411	54	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		79	51	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	226	1356	1130
		191	49	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	406	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	179	DUPLICATE OF CLAIM-SYSTEM	51	979	7642	6663
		120	132	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	110	DUPLICATE OF CLAIM-SYSTEM				
		23	78	SERVICE REQUIRES PRIOR APPROVA L	0	307	1605	1298
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	858	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	917	1526	609
		5404	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	7	90	83
		8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404931	WAKE CO HUM SVC BILLING OF	11	120	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	459	4491	4032
		120	40	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	88	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	72	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	368	7904	7536
		8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	127	429	302
		23	13	SERVICE REQUIRES PRIOR APPROVA L				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	85	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	88	859	771
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404937	EDGEcombe NASH MNTL HLTH C	21	9	DUPLICATE OF CLAIM-SYSTEM				
		8518	6	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	18	1089	1071
		79	2	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404939	NEUSE MENTAL HE ALTH CENTER	3412	114	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8654	19	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	158	408	250
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404941	PITT CO MH/DD/S AS CENTER	21	58	DUPLICATE OF CLAIM-SYSTEM				
		143	29	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	138	1601	1463
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOMANH UMAN SERVIC	8000	22	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		21	11	DUPLICATE OF CLAIM-SYSTEM	0	48	1434	1386
		8654	9	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	75	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	33	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	187	1237	1050
		8535	17	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404944	EASTPOINTE HUMA N SERVICES	8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	33	4477	4444
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	104	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	21	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	9	164	5405	5241
		143	13	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDELAND MENTAL HEALTH CTR	8599	171	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	162	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	24	469	1561	1092
		8505	65	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404979	NEW RIVER AREAM H/DD/SA PRO	3412	34	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8518	18	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	62	66	4
		8534	5	SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F				